



Sponsor/3rd Party Tuition Billing Authorization

Instructions:

- Utilize Sections below to specify billing conditions and contacts
- Attach spreadsheet (Typed/Excel) listing students
- Complete/Submit authorization for EACH semester by: (Fall: 9/20, Spring: 2/20, Summer: 6/20)

[SUBMIT COMPLETED AUTHORIZATION AND STUDENT LIST HERE](#)

Questions/Concerns? Contact: sponsor.billing@aims.edu

Contact Information:

~ To save the environment, all invoices are e-mailed to the contact listed below ~

Semester:	Fall	Spring	Summer	Academic Year:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Entity: _____

Prepared By: _____ Billing Contact: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

Signature: _____

Payment Coverage Information:

~ Failure to fully and accurately complete this section will lead to delays and will impact student billing ~

~ Students are held responsible for all payments until this authorization is received ~

~ Allow 30-45 days for invoicing ~

Check all that apply:	BASE	FEES				ADDITIONAL CHARGES	
	Tuition	Admin	Student	Lab	Online	First-Day	Bookstore
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	\$ _____
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No		
Payer of Last Resort:						<input type="checkbox"/> Yes	<input type="checkbox"/> No

Special Instructions/Comments:

~ Include necessary and specific information/request not indicated above ~

(EX: Caps & Limitations, Billing Separations, Unique Circumstances)
